

DRIVING SCHOOL OPERATOR LICENSE RENEWAL APPLICATION

FEE — \$101.00

FOR DMV USE ONLY	
ACR Number	
Fee	
S/R#	
Date Permit Issued	
Date Permit Expires	
Insp. Name / ID#	
Region	CC

Instructions: This renewal application, completed in its entirety, and fee must be submitted to the department **before the expiration date of your license** or this license will be canceled. If canceled, an original application must be filed pursuant to CVC 11105.3.

A: OPERATOR INFORMATION

OPERATOR'S NAME	OPERATOR LICENSE NUMBER
RESIDENT ADDRESS	LICENSE EXPIRES
CITY STATE ZIP CODE	AREA CODE/TELEPHONE NUMBER ()

B: DRIVING SCHOOL INFORMATION

ENTER THE NAME OF THE DRIVING SCHOOL YOU OPERATE	SCHOOL LICENSE NUMBER
ENTER THE ADDRESS OF THE DRIVING SCHOOL	LICENSE EXPIRES
CITY STATE ZIP CODE	AREA CODE/TELEPHONE NUMBER ()

C: OPERATOR WRITTEN TEST

An Operator Written Test may be required to complete the renewal process. You may call Occupational Licensing at (916) 229-3127 to determine if a test is required.

Check the appropriate box:

- ☐ Operator test required. Contact your local Inspector to administer the operator written test to complete the renewal process.

Note to Inspector: *Attach test results to renewal when forwarding to Occupational Licensing.*

- ☐ Operator test **NOT** required. Complete this renewal application and mail with \$101.00 to:

Department of Motor Vehicles
 Occupational Licensing Section
 P.O. Box 932342, MS L 224
 Sacramento, CA 94232-3420

D: BACKGROUND INFORMATION — *Attach separate sheet if additional space is needed.*

1. In the past twelve (12) months have you been convicted of any crime other than traffic violations? ☐ YES ☐ NO
2. Have you entered pleas of guilty or nolo contendere (no contest) to any criminal charge? ☐ YES ☐ NO
IF YES, GIVE FULL DETAILS AND INCLUDE DATES AND PLACES OF ARREST, REASONS FOR ARREST AND COURT DISPOSITION.
3. Are you now involved in any court proceedings on a traffic, morals or other criminal charge? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY.

OL NUMBER

OPERATOR NAME

E: CERTIFICATION

Initials

1. I understand that any misrepresentations in this application shall be sufficient cause for its rejection and that any violations of driving school laws in the Vehicle Code, or of the regulations adopted to put into effect such laws, shall be grounds for the revocation or suspension of any Driving School Operator License issued as a result of approval of this application. _____
2. I understand that I must immediately report any subsequent changes in the answers on this application to the Department of Motor Vehicles, Occupational Licensing Section. _____
3. I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for Worker's Compensation. _____

I hereby certify that I am the Operator of the above named driving school and that the answers and statements given in this application are true and correct.

OPERATOR'S SIGNATURE

DATE